

**Full Cash Surrender**

American United Life Insurance Company®  
a ONEAMERICA® company  
One American Square  
P.O. Box 6002  
Indianapolis, IN 46206-6002  
1-800-537-6442

Pioneer Mutual Life Insurance Co.  
A stock subsidiary of American United Mutual Insurance Holding Company  
a ONEAMERICA® company  
101 North 10th Street  
Fargo, ND 58102  
1-800-437-4692

The State Life Insurance Company  
a ONEAMERICA® company  
P.O. Box 406  
Indianapolis, IN 46206  
1-800-428-2316



Check all that apply:  American United Life Insurance Company®  Pioneer Mutual Life Insurance Company  
 The State Life Insurance Company  Golden Rule Insurance Company  
*Administered by The State Life Insurance Company*

Hereinafter referred to as "the Company."

**Please print all information with the exception of signatures.**

Policy Number(s): \_\_\_\_\_

Insured/Annuitant: \_\_\_\_\_ Owner: \_\_\_\_\_

**If requested surrender is from a qualified retirement plan, use form 8-18058 (Full Cash Surrender from a Qualified Retirement Plan).**

**Full Cash Surrender**

I hereby cancel this policy and request payment of its surrender value. Such payment is acknowledged as full settlement of any and all claims under the policy. Such cancellation shall be effective immediately. The surrender value will be calculated as of a date not later than the monthly anniversary following receipt of my request by the Company at its Home Office. However, for all variable policies, the net cash surrender value will be calculated as of the end of the Valuation Period during which a proper surrender request and all required documents are received by the Individual Variable Products Service Team at AUL's Home Office, minus any applicable withdrawal charge, surrender charge and/or premium tax. No premium paid for any period beyond the date this request is signed shall be used for any purpose other than computing the surrender value. I further represent that no bankruptcy or insolvency proceedings are pending against me.

**POLICY REQUIRED** - Please check one of the following statements.

- I am returning the policy with this Surrender Request.
- I have made a careful and persistent search for this contract but now have no knowledge of its present location.

**Election of Withholding**

The full surrender of your policy may produce a taxable gain.

- I elect to have no federal or state\* income tax withholding.
- I request federal income tax be withheld at the rate of \_\_\_\_\_ %. (If no percentage is indicated, withholding will occur at the rate of 10% unless a higher withholding percentage is required by the IRS.)
- I request state\* income tax be withheld at the rate of \_\_\_\_\_ %.

*\*If you reside in a state that requires state income tax withholding, it will be withheld in accordance with state regulations.*

**Direct Transfer – Individual Retirement Annuities Only**

This distribution qualifies as a "rollover" or transfer (no income tax withholding). **Acceptance paperwork from the financial institution is required** for a trustee to trustee transfer. Please make check payable to the financial institution named below at the address indicated:

Financial Institution: \_\_\_\_\_ FBO: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box Number City State Zip

**Signatures**

Signature of Owner or Owners if Jointly Owned Witness Signature (Required)

Owner's Address: Street/P.O. Box Number Date

City, State, Zip Signature of Assignee, if assigned or 1035 Exchange

Owner's Telephone Number Owner's Social Security Number (Required) Title

**REQUIRED TO BE COMPLETED IN ALL COMMUNITY PROPERTY STATES (AZ, CA, ID, LA, NM, NV, TX, WA, WI).**

Marital status:  I am married (spouse's signature required below)  I am not married  
I, the owner's spouse, consent to this Surrender.

Signature of Owner's Spouse Witness Signature (Required)

**Send completed form to OneAmerica, P.O. Box 6002, Indianapolis, IN 46206-6002.**

**Send completed form for Variable Products to OneAmerica, P.O. Box 7127, Indianapolis, IN 46206-7127.**

## **General Information**

The Full Cash Surrender will not be processed unless side one of this form is completed (including owner's Social Security Number), signed and returned to our office.

## **Election Of Withholding For Full Cash Surrender**

The Full Cash Surrender of your policy may produce a taxable gain. You can elect to have no income withholding by completing the Election of Withholding section on page one.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of this surrender. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

## **Lack of Notice Of Community Property Interest**

If the Company has not previously received written notice of a community property interest and if the space for consent on page one hereof is not signed by a person having such an interest, then the Company will be entitled to rely on its good faith belief that no such interest exists.

The Company assumes no responsibility of inquiry regarding such interest and in consideration of accepting this form the insured or policy owner signing this form, as evidenced by his or her signature, agrees to indemnify and hold the Company harmless from the consequences of accepting and complying with the election made here.